



NOTICE OF PRIVACY PRACTICES

EFFECTIVE DATE: 9/20/21

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN OBTAIN ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The terms of this Notice of Privacy Practices (“Notice”) apply to Northbound Health Inc (Northbound Health), its affiliates and its employees. Northbound Health will share protected health information of patients as necessary to carry out treatment, payment, and health care operations as permitted by law. We are required by law to maintain the privacy of our patients’ protected health information and to provide patients with notice of our legal duties and privacy practices with respect to protected health information. We are required to abide by the terms of this Notice for as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make a new notice of privacy practices effective for all protected health information maintained by Northbound Health. We are required to notify you in the event of a breach of your unsecured protected health information. We are also required to inform you that there may be a provision of state law that relates to the privacy of your health information that may be more stringent than a standard or requirement under the Federal Health Insurance Portability and Accountability Act (“HIPAA”). A copy of any revised Notice of Privacy Practices or information pertaining to a specific State law may be obtained by mailing a request to the Privacy Officer at the address below.

This Notice describes privacy practices of Northbound Health Inc (Northbound Health) and its employees, volunteers, and health care professionals authorized to enter information into your health/medical records.

Our Duty to Safeguard Your Protected Health Information:

Individually identifiable information about your past, present, or future health or condition, the provision of health care to you, or payment for your health care is considered Protected Health Information (PHI). We understand that medical information about you and your health is personal, and we are committed to protecting medical information about you. We are required by law to make sure that your PHI is kept private and to give you this Notice about our legal duties and privacy practices. This Notice explains how, when and why we may use or disclose your PHI. In general, we must access, use or disclose only the minimum necessary PHI to accomplish the purpose of the access, use or disclosure. If we discover a breach of your unsecured PHI, we are required to notify you of the breach. We must follow the privacy practices described in this Notice, though **we reserve the right to change the terms of this Notice at any time.** We reserve the right to make new Notice provisions effective for all PHI we



currently maintain or that we receive in the future. If we change this Notice, we will post a new Notice in patient registration and/or patient waiting areas.

How We May Use and Disclose Your Protected Health Information:

We access, use and disclose PHI for a variety of reasons. The following section offers more descriptions and examples of our potential access/uses/disclosures of your PHI. Other uses/disclosures not described in this Notice will be made only with your authorization.

Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations. We may share your PHI with designated staff for treatment, payment or operations purposes. We also may have these activities performed by other companies on our behalf. Generally, we may access/use/disclose your PHI:

- **For treatment:** We may access/use/disclose or allow others to access/use/disclose your PHI to doctors, nurses, and other health care personnel who are involved in providing or coordinating your health care. For example, your PHI will be shared among members of your treatment team, referring providers, post-acute care facilities, pharmacies, etc.
- **To obtain payment:** We may access/use/disclose or allow others to access/use/disclose your PHI in order to bill and collect payment for your health care services. For example, we may release portions of your PHI to Medicare/Medicaid, a private insurer or group health plan to get paid for services that we delivered to you. We may release your PHI to the state Medicaid agency to determine your eligibility for publicly funded services.
- **For health care operations:** We may access/use/disclose your PHI in the course of our operations. For example, we may use your PHI or your answers to a patient satisfaction survey in evaluating the quality of services provided by our staff or disclose your PHI to our auditors or attorneys for audit or legal purposes. We may also share PHI with health care provider licensing bodies like the Indiana State Department of Health. We may allow other providers to access, use or disclose your PHI for some of their health care operations purposes, when you are also a patient of that provider. For example, we may share PHI with other providers for quality purposes.

Uses and Disclosures Requiring Authorization: For other uses and disclosures not described in this Notice, we are required to have your written authorization, unless the use or disclosure falls within one of the exceptions described below. You may revoke an authorization by notifying us in writing. If you revoke your authorization, we will stop using/disclosing your PHI for the purposes or reasons covered by your written authorization as of the date we receive your revocation. Your revocation will not apply to information already released. (See Section VI for



instructions on revoking an authorization.) We cannot refuse to treat you if you do not sign an authorization to release PHI, **unless** services provided are solely to create health records for a third party, like physical exam and drug testing for an employer or insurance company; or if treatment provided is research-related and authorization is required for the use of health information for research purposes. We will not sell your PHI or use or disclose your PHI for marketing purposes without your authorization. We will not disclose any psychotherapy notes (as defined by the Health Insurance Portability & Accountability Act) without your authorization.

Uses and Disclosures Not Requiring Authorization: The law allows us to access/use/disclose your PHI without your authorization in certain situations, including:

- **When required by law:** We may disclose PHI when a law requires or allows us to do so. For example, we may report information about suspected abuse and/or neglect, relating to suspected criminal activity, for FDA-regulated products or activities, or in response to a court order. We must also disclose PHI to authorities that monitor compliance with these privacy requirements.
- **For public health activities:** We may disclose PHI when we are required or allowed to collect information about disease or injury or to report vital statistics to the public health authority, such as reports of tuberculosis cases or births and deaths.
- **For health oversight activities:** We may disclose PHI to the Indiana State Department of Health or other agencies responsible for monitoring the health care system for such purposes as reporting or investigation of unusual incidents.
- **Relating to decedents:** We may disclose PHI relating to an individual's death to coroners, medical examiners, funeral directors, and organ procurement organizations.
- **For research purposes:** In certain circumstances, and under supervision of an Institutional Review Board, we may disclose PHI in order to assist medical research, such as comparing the health and recovery of all patients who received one medicine to those who received another.
- **To avert a threat to health or safety:** In order to avoid a serious and imminent threat to the health or safety of an individual or the public, we may disclose PHI as necessary to law enforcement or other persons who can reasonably prevent or lessen the threat of harm.
- **Law enforcement:** We may disclose PHI to a law enforcement official in circumstances such as: in response to a court order; to identify a suspect, witness or missing person; about crime victims; about a death that we may suspect is the result of a crime; or a crime that takes place at our facility.



- **For specific government functions:** We may disclose PHI of military personnel and veterans in certain situations; to correctional facilities in certain situations; and for national security and intelligence reasons, such as protection of the President.
- **Workers' Compensation:** We may disclose your PHI to your employer or your employer's insurance carrier for Workers' Compensation or similar programs that provide benefits for work-related illness or injuries.
- **Abuse or Neglect:** We may disclose your PHI to a public health authority authorized by law to receive reports of child abuse or neglect, and to notify the appropriate government authority if Northbound Health believes a patient or health plan member has been the victim of abuse, neglect or domestic violence under certain circumstances. Northbound Health will only make this disclosure when required or authorized by law.
- **Health care oversight:** We may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, inspections and licensure. These activities are necessary for the government to monitor the healthcare system, the health insurance system, government benefit programs and compliance with civil rights laws.
- **Food and Drug Administration:** We may disclose your protected health information to a person or company required by the Food and Drug Administration for the purpose of quality, safety or effectiveness of FDA-regulated products or activities, which include: to report adverse events, product defects or problems; biologic product deviations; to track products; to enable product recalls; to make repairs or replacements; or to conduct post marketing surveillance, as required.

Uses and Disclosures Requiring You to Have an Opportunity to Object: In the following situations, we may disclose your PHI if we tell you about the disclosure in advance and you have the opportunity to agree to, prohibit, or restrict the disclosure, and you do not object. However, if there is an emergency situation and you cannot be given the opportunity to agree or object, we may disclose your PHI if it is consistent with any prior expressed wishes and the disclosure is determined to be in your best interests. You must be informed and given an opportunity to object to further uses or disclosures for patient directory purposes as soon as you are able to do so.

- **To families, friends or others involved in your care:** We may share with your family, your friends or others involved in your care information directly related to their involvement in your care or payment for your care. We may also share PHI with these people to notify them about your location, general condition, or your death.



- **Disaster relief:** In the event of a disaster, we may release your PHI to a public or private relief agency, for purposes of notifying your family and friends of your location, condition or death.

- **Sale of Protected Information:** We must obtain your authorization prior to receiving direct or indirect remuneration in exchange for your health information; however, such authorization is not required where the purpose of the exchange is for:
 - Public health activities;
 - Research purposes, provided that we receive only a reasonable, cost-based fee to cover the cost to prepare and transmit the information for research purposes;
 - Treatment and payment purposes;
 - Health care operations involving the sale, transfer, merger or consolidation of all or part of our business and for related due diligence;
 - Payment we provide to a business associate for activities involving the exchange of protected health information that the business associate undertakes on our behalf (or the subcontractor undertakes on behalf of a business associate) and the only remuneration provided is for the performance of such activities;
 - Providing you with a copy of your health information or an accounting of disclosures;
 - Disclosures required by law;
 - Disclosures of your health information for any other purpose permitted by and in accordance with the Privacy Rule of HIPAA, as long as the only remuneration we receive is a reasonable, cost-based fee to cover the cost to prepare and transmit your health information for such purpose or is a fee otherwise expressly permitted by other law; or
 - Any other exceptions allowed by the Department of Health and Human Services.

Your Rights Regarding Your Protected Health Information:

You have the following rights relating to your PHI, please contact the Executive Director listed below.

To request restrictions on uses/disclosures: You have the right to ask that we limit how we use or disclose your PHI. You must make your request in writing. If you paid in full for a service and have requested that we not share PHI related to that service to a health plan, we must agree to that request. For any other request to limit how we use or disclose your PHI, we will consider your request, but are not required to agree to the restriction. To the extent that we do agree to any restrictions on our use/disclosure of your PHI, we will put the agreement in writing and



abide by it except in emergency situations. You understand that restrictions will not apply to disclosures already made. We cannot agree to limit uses/disclosures that are required by law.

To request confidential communication: You have the right to ask that we send you information at an alternative address or by an alternative means, such as contacting you only at work. You must make your request in writing. We must agree to your request as long as it is reasonably easy for us to do so.

To inspect and copy your PHI: Unless your access is restricted for clear and documented treatment reasons, you have a right to see your PHI if you put your request in writing. We will respond to your request within 30 days. If we deny your access, we will give you written reasons for the denial and explain any right to have the denial reviewed. If you want copies of your PHI, a charge for copying may be imposed. If you request a copy of your PHI in an electronic format, we will provide an electronic copy, if the PHI is readily producible in the electronic form that you've requested. You have a right to choose what portions of your information you want copied and to have information on the cost of copying in advance.

To request amendment of your PHI: If you believe that there is a mistake or missing information in our record of your PHI, you may request, in writing, that we correct or add to the record. Written requests must include a reason that supports your request. We will respond within 60 days of receiving your request. We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. We may also deny your request if we determine that the PHI is: (1) correct and complete, (2) not created by us and/or not part of our records, or (3) not permitted to be disclosed. Any denial will state the reasons for denial and explain your rights to have the request and denial reviewed, along with any statement in response that you provide, added to your record. If we approve the request for amendment, we will change the PHI, inform you that the change has been made, and tell others that need to know about the change in the PHI.

To find out what disclosures have been made: You have a right to get a list of when, to whom, for what purpose, and what content of your PHI has been released, except as listed below. (This is called an accounting of disclosures.) Your request can relate to disclosures going as far back as six years. The list will not include any disclosures made: for treatment, payment or health care operations purposes; that you have authorized; for national security purposes; through a facility directory; or to law enforcement officials or correctional facilities. Your request must be in writing. We will respond to your written request for such a list within 60 days of receiving it. There will be no charge for the first list requested each year. There may be a charge for subsequent requests.

To receive a paper copy of this Notice: You have a right to receive a paper copy of this Notice and/or an electronic copy by email upon request. To obtain a copy of this Notice, contact the



Executive Director identified below. This Notice of Privacy Practices is also available on our Northbound Health web page at www.northboundhealth.org.

Right to Notice of Breach: We take very seriously the confidentiality of our patients' information, and we are required by law to protect the privacy and security of your protected health information through appropriate safeguards. We will notify you in the event a breach occurs involving or potentially involving your unsecured health information and inform you of what steps you may need to take to protect yourself. Paper Copy of this Notice: You have a right, even if you have agreed to receive notices electronically, to obtain a paper copy of this Notice. To do so, please submit a request to the Privacy Officer at the address below. 5 Complaints: If you believe your privacy rights have been violated, you can file a complaint in writing with the Privacy Officer. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services at the below address. There will be no retaliation for filing a complaint.

Office for Civil Rights
Department of HHS
Jacob Javits Federal Building
26 Federal Plaza - Suite 3312
New York, NY 10278
Voice Phone (212) 264-3313
FAX (212) 264-3039
TDD (212) 264-2355

For Further Information: If you have questions, need further assistance regarding or would like to submit a request pursuant to this Notice, you may contact Nora Foster, Northbound Health Executive Director by phone at (317) 504-7503 or at the following address: 9247 N. Meridian St. Suite 206 Indianapolis, IN 46260.